## L21000387389

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## **COVER LETTER**

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P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Section Division of Corporations	
SUBJECT: <u>JR PRO</u>	PERTY I NUESTMENTS 11C Name of Limited Liability Company
The enclosed Articles of Amendment and	fee(s) are submitted for filing.
Please return all correspondence concernit	ng this matter to the following:
<u>Julie</u>	Name of Person
· · · · · · · · · · · · · · · · · · ·	Firm/Company
1415	OHIO AVE N. # 6147
Live (	City/State and Zip Code
info@l	mail address: (to be used for future annual report notification)
For further information concerning this ma	
Julie A, Raynice 2 Name of Person	at (38/0) 251-5263 Area Code Daytime Telephone Number
Enclosed is a check for the following amou	unt:
☑ \$25.00 Filing Fee ☐ \$30.00 Filing Certificate	ng Fee & S55.00 Filing Fee & S60.00 Filing Fee, e of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations	Street Address:  Registration Section  Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on Florida document number  $\angle 21000387.389$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida City New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the

provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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HOLE: II IN	e date inserted in t	n the date of filing the must be specific and this block does not the the Department of	meet the applies	able statutory filin	ore than 90 days after g requirements, this	onal) filing.) Pursuant to 605.0207 date will not be listed as
record sperd is filed.	cifics a delayed ef	fective date, but no	t an effective ti	me, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
Dated	10/11/		, 2024	, 		
		Julie	a. 1	name of signee	<del></del>	
_		Zaignature of a	member or author	NZCO representativa	OLA member	
_		Signature of a	member or autho	nzed representative	ot a member	

Filing Fee: \$25.00